

Controlling High Blood Pressure (CBP)

Effectiveness of Care HEDIS® Measure

According to HEDIS, high blood pressure, or hypertension, increases the risk of heart disease and stroke, which are the leading causes of death in the United States.¹ Controlling high blood pressure is an important step in preventing heart attacks, stroke and kidney disease.

Providers can help individuals manage their high blood pressure by encouraging low-sodium diets, increased physical activity, smoking cessation and prescribing medications.

► HEDIS MEASURE DEFINITION

Patients 18-85 years of age who had a diagnosis of hypertension (HTN) reported on an outpatient claim and whose blood pressure was adequately controlled (<140/90 mm Hg) as of Dec. 31 of the measurement year.

► INFORMATION PATIENT MEDICAL RECORDS SHOULD INCLUDE

- All blood pressure readings and dates obtained (if there's more than one reading at a single visit, the lowest systolic and diastolic readings are used)
- Exact blood pressure readings

► INFORMATION PATIENT CLAIMS SHOULD INCLUDE

- For patients who are not diagnosed with hypertension but have an elevated blood pressure reading such as white coat syndrome or transient hypertension, use the ICD-10 code R03.0.
- For patients with hypertension, use blood pressure CPT® II codes on each office visit claim according to the table below:

CPT II code	Most recent systolic blood pressure
3074F	<130 mm HG
3075F	• 130 - 139 mm HG
3077F	• ≥ 140 mm Hg
CPT II code	Most recent diastolic blood pressure
3078F	<80 mm Hg
3079F	80 - 89 mm Hg
3080F	≥ 90 mm Hg

► TIPS FOR TAKING BLOOD PRESSURE READINGS IN THE OFFICE

- Make sure the proper cuff size is used.
- Ensure patients do not cross their legs and have their feet flat on the floor during the reading. Crossing legs can raise the systolic pressure by 2-8 mmHg.
- Make sure the patient's elbow is at the same level as their heart. If the patient's arm is hanging below heart level and unsupported, this position can elevate the measured blood pressure by 10-12 mmHg.

- Take it twice: If the patient has a high blood pressure reading at the beginning of the visit, retake and record it at the end of the visit. Consider switching arms for subsequent readings.

► TIPS FOR PATIENT EDUCATION

- Educate patients about the risks of uncontrolled blood pressure.
- If patients have an abnormal reading, schedule follow-up appointments for blood pressure readings until their blood pressure is controlled.
- Reinforce the importance of medication adherence and encourage patients to report side effects.

► EXCLUSIONS FOR THE CBP HEDIS MEASURE

The measure excludes patients that:

- Have evidence of end-stage renal disease or had a kidney transplant or dialysis in the current year.
- Have a diagnosis of pregnancy during the current year.
- Have a non-acute, inpatient admission during the current year.
- Are in hospice care.
- Have an advanced illness or frailty:
 - Medicare members 66-80 years of age with advanced illness in the measurement year or the year prior to the measurement year AND frailty in the measurement year are excluded when claims are received with advanced illness (includes dispensed dementia medication) and frailty codes.
 - Medicare members 81 years of age and older with a frailty claim in the measurement year are also excluded.
 - Advanced illness codes include conditions such as metastatic cancer, heart failure and late stage kidney disease, billed in the measurement year or the year prior.
 - Frailty codes (billed in the current measurement year) include equipment that is typically included on claims such as hospital beds, wheelchairs and oxygen. However, there are frailty codes that are not always routinely included on claims such as weakness, fatigue, falls, etc.

Sources:

¹<https://www.ncqa.org/hedis/measures/controlling-high-blood-pressure/>, accessed 1/11/19